INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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	First Named Inventor	Cuttitta
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	Examiner Name	Anna Pagonakis

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. (optional)	Document Number Number-Kind Code (if known)	Issue or Publication Date MM-DD-YYYY	Name of Patentee or Applicant	
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EXAMINER SIGNATURE: /Anna Pagonakis/	DATE CONSIDERED: 09/18/2010
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^{*} Examiner: Initial if reference considered, whether or not in conformance with MPEP 609. Draw line through cite if not in conformance and not considered. Include copy of this form with next communication to applicant.

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